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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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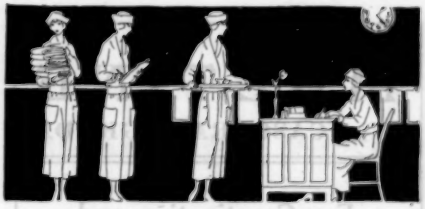

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CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Additional Members of Executive: Chairman, Public Health Section, Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ontario; Chairman, Private Duty Section, Miss Edith Gaskell, 397 Huron Street, Toronto, Ontario.

National Memorial Committee

At the Toronto General Hospital, March 9th, the regular monthly meeting of the Memorial Committee was held, it being a joint meeting of that committee and its Business or Advisory Committee.

Mr. Larkin presented a letter, just received from the Minister of Public Works, confirming another letter received a few days previously from the Prime Minister. These letters agreed to the nurses' request for a site for the memorial in the Hall of Fame of the Parliament Buildings, but this agreement is subject to certain conditions. Mr. Larkin and Mr. Cleveland explained these conditions very clearly, as follows: It is the irrevocable intent of the Government to keep that hall for historical memorials, and allow nothing of an individual nature to be placed there. They had decided that no organizations would be allowed permission to put their memorials there, but finally granted approval of the scheme for the Nurses' National Memorial, following the suggestion that the history

of nursing was inextricably associated with the history of the Dominion, and that this memorial might assume an historical character. So the scheme has been approved in principle, but the Government must approve as satisfactory the full scale model of the memorial before allowing the work to proceed. If no design acceptable to them is forthcoming, the memorial cannot be placed in the Hall of Fame.

The contract outlining the conditions under which we are asking sculptors to submit designs was then discussed, as our Business Committee is anxious to see that the nurses are protected against paying unnecessary forfeits in connection with the competition, although it is essential that we make the competition attractive and worthy of the effort of the best talent. The discussion forced upon all a recognition of the difficult thing we are asking in seeking a design that will satisfy the nurses' purpose in this memorial, and also be acceptable to the Government. It was decided, at Mr. Larkin's suggestion, to have a legal opinion of the contract to make sure that there is no ambiguity about the terms. Clause 12 of the contract is to remain, but it is to be made clear that the $1,000.00 will not be paid if it is the Government that refuses the design.

The Business Committee suggested asking a committee of three to act as judges for the submitted designs. It was moved by Miss Dickson, seconded by Miss Browne, that the Business Committee should select these judges. The Business Committee will proceed at once to advertise the conditions of the competition, and it is hoped that they may now be able to estimate more nearly the cost and set a new objective. This information will be sent immediately to the several provinces.

The treasurer's report was as follows:

Balance in Bank, January 4th		$27,565.46
Receipts—		
Ontario	2,352.58	
British Columbia	699.00	
Manitoba	348.96	
Nova Scotia	195.98	
Saskatchewan	150.00	
Alberta	26.20	
Quebec	10.00	
		1.50
Balance in bank, March 6th		$31,346.68

KETHARINE L. DAVIDSON,
Treasurer.

GENERAL CORRESPONDENCE

Miss Amy MacMahon, of Charlottetown, wrote resigning her position on the National Committee, as distance made it impossible for her to attend.

A satisfactory report from British Columbia showed persistent activity in the raising of funds.

COMMITTEE MEETINGS

It was decided that further meetings of the committee should be called when necessary, rather than adhere to the present monthly meetings, as the future work of the National Committee may assume a somewhat new character.

We hope that the report of this March meeting will be a great source of satisfaction to the provincial committees, and to the nurses generally. At last we have permission for the use of the site in the Parliament Buildings, and, knowing the form that the memorial is to take, the Business Committee can proceed to estimate the cost, and so a definite objective can be arrived at—an objective which we hope will be lower than at first stated. The National Committee hopes soon to have a report as to estimated costs from the Business Committee, and this information will be forwarded as rapidly as possible to the provinces.

E. K. RUSSELL, Secretary.

Modern Technique In Treatment

In the course of a series of articles published in the *Lancet*, on "Modern Technique in Treatment," T. Izod Bennett, M. D. (Lond.), M. R. C. P., discusses the treatment of whooping-cough, from which we quote as under:—

THE TREATMENT OF WHOOPING-COUGH

PROPHYLACTIC TREATMENT

1. *Isolation.*—Every case of whooping-cough should be immediately isolated and kept away from uninfected children for two months, or for fourteen days after all paroxysms have ceased. Parents should be instructed as to the infectious nature of the disease, and particularly of the enhanced risk of infection when a healthy child is in contact with an infected one in a confined space. For this reason while the paroxysms last, and for fourteen days later, infected children should be excluded from schools, clinics, omnibuses, trains, and trams. It may be desirable to get such a child away to the seaside or country, but precautions, such as a special carriage, which can afterwards be discarded, should be taken. Particular care must be exercised in detecting and isolating those mild cases which often escape diagnosis; as a general rule, any child with a chronic or paroxysmal cough should be regarded as a case of whooping-cough if another member of the family is known to be affected with the disease. This rule applies especially to infant welfare centres, creches,

and infant schools which, in the absence of strict precautions, may readily become converted into breeding centres for disease.

2. *Immunisation.*—In the case of particularly delicate children, children with incipient tuberculosis, or the children of very anxious parents, an attempt to confer some degree of immunity may be made by giving a series of injections of vaccine. . . . The parents must be warned that immunity cannot be guaranteed, but that such treatment affords reasonable hope of minimising the attack and preventing dangerous complications.

General Treatment

1. *Hygiene.*—Exposure to severe weather must be avoided, but in uncomplicated cases there is no doubt that paroxysms are less frequent in the open air or in well-ventilated rooms than in hot and stuffy rooms. Dust and smoke even in minimal quantities may excite coughing, and provided that chill be avoided it is better that the child's temperature-regulating mechanism be exercised by adaptation to mild changes of temperature, than that his delicacy be increased by a perpetual artificial warmth. When going out of doors such children should be well clad, mothers should be discouraged from allowing them to have legs, arms, and necks exposed as they often are with modern clothing. At night flannel pyjamas afford a protection to the restless child who is apt to throw off his bedclothes.

2. *Dietetic.*—Nothing is more important in the treatment of whooping-cough than the diet. The disease is a serious one, involving considerable physical exertion on the part of the patient; recovery cannot take place for some weeks at least, and at any moment complications may arise during which a few grammes of energy-producing food reserve may turn the scale in the patient's favour. For these reasons it is the duty of the medical attendant to see that the food-intake is adequate.

It is always risky to change the diet of a healthy infant, it is even more risky in the case of a sick one. If a baby has been thriving on any particular food up to the moment of infection, it is not practicable that a change will be for the better, but a change in the time of feeding may be advantageous. The giving of food to a baby or a child with whooping-cough often provokes a paroxysm: this makes the patient unwilling to feed, and frequently leads to the vomiting of that part of the meal which has already been swallowed. It is, therefore, better to give a feed about ten minutes after a paroxysm, at which time it will usually be comfortably retained. In the case of babies, the feed should be given after the first paroxysm occurring subsequent to the normal hour of feeding; if vomiting and loss of weight are taking place, the intervals between feeds should be decreased, and the bulk of food at each feed diminished. With older children large meals must be avoided, and fluid foods such as milk, soups, etc., given between meals, the period following a paroxysm being chosen for each meal or feed.

3. *Record of Progress.*—The best record of progress in any case is given by a chart showing the number of paroxysms occurring each day. Mothers should be trained to make a note of each attack of coughing from 8 a.m. until 8 a.m. on the following day. In this way the practitioner can keep a chart which will give him a reliable index of progress.

Vaccine Treatment

Vaccine treatment in whooping-cough, whether prophylactic or curative, is logical and harmless; it is not at present possible to say that it is invariably beneficial. I recommend it especially as an aid to the prevention of pulmonary complications.

After Treatment

With the exception of measles, no disease is more likely to be the forerunner of tuberculosis; convalescence should, therefore, be carefully supervised, and whenever possible a change of environment to a mild, sunny climate should be secured for a time. Iron and arsenic, alone or together with malt extract, are of value at this stage. Persistent infections of the naso-pharynx should be attended to, and the general resistance of the patient improved to the utmost extent by careful hygienic measures and a diet containing abundance of vitamins and lipoids.

—*The British Journal of Nursing.*

HOSPITAL FIRES

It is startling to learn that, during 1919 and 1920, 870 fires occurred in institutions classified as hospitals, asylums and sanitariums—an average of more than one fire a day in that type of institution. If any structures should be properly protected, those in which human beings lie incapable of self-protection should be given first consideration. Amongst the causes of fire in these institutions were, first, sparks on the roof; second, defective chimneys and flues; third, lightning; fourth, heating installation; and fifth, electricity. These etiologic considerations point the way to prevention, but there are further special considerations which apply to hospitals. The height of hospital buildings is a matter for concern; ambulatory patients should be placed on the higher floors, the lower floors being reserved for those completely bedridden. In every hospital there should be located fire alarm boxes for prompt notification in case of fire. Volatile liquids which are easily inflammable should be handled with caution. Chemical extinguishers should be easily available and a fire drill for the employees should be a regular experience. "When it is realized," says the National Board of Fire Underwriters, "that most fires are preventable, and that there are none too many hospitals, it seems a pity that large sums must go annually toward replacing what might have been conserved for further usefulness."—*Journal of the A. M. A.*

Cost of Nursing Schools

In presenting the report of your sub-committee, the chairman wishes to explain that this sub-committee was appointed by the Committee on Education to study the question of state or municipal aid for schools of nursing. This sub-committee made no appreciable contribution to this question and was more or less inactive until the suggestion was made by the Committee on Education that, first of all, this sub-committee should make an effort to discover the cost of nurses' schools under the present plan in order to have some definite basis for requests for appropriations from state or city and from endowments.

It is unnecessary to explain to this group the difficulty your committee has had in reaching any accurate conclusions, as in nearly all institutions the expenses of the hospital and of the school are so entwined that it is impossible to separate them. We can only present for your consideration our findings as briefly as possible.

We have used for a basis of this report the answers to a questionnaire which we sent, early in May, to 100 schools for nurses and to twelve schools for girls of the junior college grade. We selected these junior colleges because they maintained dormitories. The nurses' schools were selected from a list of accredited schools, and, with four exceptions, the questionnaire was sent only to those schools which state that they require a high school diploma for entrance. The schools were selected from every state in the Union, as this is a national problem and not a local one. From the twelve schools for girls we received three replies, but no information. One frankly stated that it was not at liberty to give any information; another questioned the value of any information which it might be able to supply; and the third wrote that it could not give such details as were requested if its life depended upon it. It is quite evident that some other method must be used to secure information from that source.

Of the questionnaires sent to 100 nursing schools, 43 replies were received, as follows: Washington, 2; California, 4; New York, 3; Massachusetts, 3; Michigan, 2; Wisconsin, 1; New Jersey, 1; Illinois, 5; Oregon, 2; Connecticut, 2; Pennsylvania, 2; Missouri, 2; Wyoming, 1; Indiana, 3; Nebraska, 2; Iowa, 1; Maryland, 2; Mississippi, 2; Arkansas, 1; Vermont, 1; New Hampshire, 1.

Of the 43, seven answered by letter stating that it was impossible to give any information, usually because no separate account was kept of school expenses, or they did not have the time to give the question. The seven were from the following states: Wisconsin, 1; Michigan, 1; Massachusetts, 1; New York, 1; Washington, 1; Minneapolis, 1; Maryland, 1. This reduced our replies upon which this report is based to 36, representing 19 states.

The questionnaire was subdivided into four parts: enrollment, income, expenses, and estimated value of student to the hospital. All

estimates have been made on a yearly basis. In this report no account is made of the fact that appropriations are made either by the city or county, unless a specific amount is paid for the purpose of the school.

Enrollment—Only eight of the 43 gave the number enrolled in their school. Therefore, it has been difficult to decide upon any per capita basis, although your committee has attempted to do this wherever possible.

Income—Twenty-two of the schools depend upon the hospitals entirely for support, having no other source of income, although one explains that money earned by the student nurses on special duty is used in the school. Two schools report a University School for Nursing in connection with the State University, but the appropriation is through the hospital and no specific amount stated for use in the school; one, an appropriation of $20,000 for the school of nursing by the state; and one, that the university and hospital divide the expense of the school. Three schools report donations in addition to income from the hospital; two report registration fees or tuition; one, income from donation, endowment, and registration. One school receives appropriation from the county for nursing service and has, in addition, registration and class fees.

Expenses—Advertising to secure students varies from $50.00 to $1,700.00. Seven schools report having membership at $500.00 in one of the several councils to advance nursing education; others advertise in newspapers, nursing journals, church and high school publications; others send return postcards, announcement cards and personal letters to physicians, ministers and members of the alumnae. Still others send out special pamphlets, but few of these are able to give accurate statements concerning the cost. The expense of the school prospectus varies almost as much, from $40.00 to $600.00. Other printing, which would include all record forms, all applications, physician, dentist, and school credentials, as well as school stationery, is variously estimated from $10.00 to $900.00. The fact that the largest estimate is from a school which keeps its accounting entirely separate from the hospital makes one question the accuracy of smaller estimates. Postage and clerical workers might be dismissed in the same manner, as it seems to be the exception in the average school (based on these 36 replies) for a separate account to be kept for postage, or for the office of the nursing school to have clerical assistants belonging to it. In the larger schools (over 100 students) this provision is made at an expense of from $75.00 to $125.00 monthly. No estimate is placed upon the cost of personal interviews of prospective students, as this is usually done by the superintendent of nurses, and, as her day is never limited to definite number of hours, it seems a simple matter to disregard the expense of this item.

Recreation—One school reports a basketball court, one a swimming pool, and three a gymnasium, at a cost of upkeep of about $50.00 per year; another reports a social director at a salary of $1,200.00 per year. Others report a dancing class, at $50.00; nineteen tennis courts, with a

first cost varying from $300.00 to $1,000.00, and yearly upkeep from $50.00 to $100.00. All 36 have pianos, varying in number from one to three, costing from $500.00 to $1,000.00, with a yearly upkeep from $10.00 to $60.00 for repairs and tuning. Twenty-four have one, four have two, and two have three victrolas. Twenty-one pay the cost of all parties, varying from $5.00 to $50.00 for each party. Two more pay for the refreshments, but do not pay for special music. Two pay for a general party only. As several stated the cost of party exclusive of refreshments, it is impossible to make any per capita estimate.

Maintenance—The living quarters, as reported, are very attractive, having modern halls and dormitories, with all facilities for comfortable living. Two report cafeteria service in the dining-room, a few stress the fact that waiters are employed for the dining-room service, but the others are silent on the subject. The cost of maintenance, exclusive of heat, light and water, but including board, room and laundry, is estimated as follows: $30.00, $35.00, $37.00, $45.00 and $48.00 per month; one at $1.50 per day.

Uniforms—Of the 36 schools, 14 do not furnish uniforms; 13 answer in the affirmative, but do not give any idea of the cost per student, or the cost to the school. The average cost per student, per year, is $40.00. This estimate was made by figuring the cost of material and wages paid seamstresses, with the number of articles made each day—of course, taking enrollment into consideration.

Illness—All schools provide care during illness of students. Four report infirmaries especially provided for this purpose with a graduate nurse in charge, and one with a salaried physician at $180.00 per month. The other thirty give care in the hospital, at an expense varying from $2.15 to $6.00 per day. One school reports an expense of $1,500.00 for 45 students, $33.33 per student; another $1,000.00 for 42 students, $23.80 per student.

Allowance—No school pays for extra work done by the student. Thirteen give no allowance; three give an allowance, but do not state the amount; and one pays $3,394.61 in allowance, but fails to give the enrollment; $5.00 per month is reported by two; two pay $8.00, two pay $10.00, one pays $15.00, one $18.00 and one $30.00; two pay $6.00, $8.00 and $10.00; one, $8.00, $10.00 and $12.00; one, $7.00 and $10.00; one, $8.00, $10.00 and $12.00; one, $10.00, $12.00 and $15.00; one, $5.00, $7.00 and $8.00; one, $250.00 for three years.

Education—Tuition to Affiliated Schools: Two report the paying of tuition to the university with which the school is affiliated, one the paying of tuition for a public health course at Teachers College and Henry Street Settlement, and one for a public health course at Simmons College. The other thirty pay no tuition to affiliated schools.

Cost of Instruction—Twenty-one leave the question unanswered, or are unable to make the estimate because this answers the one of supervision also; four report a cost of $1,200.00; three, between $1,200.00 and

$2,200.00; five, between $2,200.00 and $5,000.00; and three, over $5,000.00.

Cost of Supervision—Twenty-four fail to answer the question at all. Two come under $2,500.00, one at $3,600.00, five between $6,000.00 and $12,000.00, two at $18,000.00, and two at $30,000.00.

Text-Books—Twenty-one of the schools do not furnish text-books; eleven do, but give no estimate of the cost. One estimates cost at $125.00, one at $350.00, one at $675.00, and one at $900.00. Only one of these gives the enrollment, which makes an average of $9.00 per year per student.

General Library—Eight do not maintain a general library. Twenty-one answer yes, but give no estimate of cost of upkeep; the others range from $25.00 to $125.00 annually.

Reference Library—Only five do not maintain a reference library. Twenty-six make no estimate of cost; the others vary from $35.00 to $156.00.

All have made provision for classrooms and laboratories, although in many instances the general hospital laboratory is used for class purposes. No accurate estimate can be given for cost of either.

Breakage—Five charge cost of breakage; four do not answer the question. One asks a $5.00 deposit; five, a $10.00 deposit; and the others make no charge.

Graduation—Only fifteen makes any estimate of expense of graduation. These range from $20.00 to $1,600.00. One places the expense at $10.00 per capita. The others either fail to answer the question, or answer by "hospital pays cost." One charges for diplomas $2.00; the others give the diploma without charge; but only one states the cost, which is $1.00. All but three present the school pin without charge. Only two state the cost of the pin, which is $5.00 and $7.00, respectively.

In response to the question, "What percentage of salaries do you consider belongs to the hospital and what percentage belongs to the school?" twenty-three made no reply. Three think 50 per cent. belongs to each; one, 60 per cent. school and 40 per cent. hospital; one, 75 per cent. school and 25 per cent. hospital; and one, 80 per cent. school and 20 per cent. hospital. On the other hand, one thinks 10 per cent. belongs to the school and 90 per cent. to the hospital; two, 25 per cent. to the school and 75 per cent. to the hospital; one, 33.3 per cent. to the school and 66.6 per cent. to the hospital; one, 40 per cent. to the school and 60 per cent. to the hospital.

Value of Work of Student—In response to the last question, "What estimate do you place upon the value of the work of the student to the hospital? twenty-one do not answer the question; but of those who do answer, all but three express the belief that she is a liability through her probation. Two place her value at 25 per cent. of the graduate nurse—

one at $28.00 per month and one at $3.00 per week, based on the minimum wage scale of the state. During the first year her value increases from 33.3 per cent. to 50 per cent.; second year, from 50 per cent. to 75 per cent.; during the third year, from 75 per cent. to 100 per cent. Two express the opinion that no hospital can exist without a school; one, that the student nurses give value received, and no more, throughout the course; another, that during the second year she equals a graduate in value, and in the third year is better than a graduate.

The committee is indebted to our president, Miss Jammé, for the following study which she made by taking the figures of the students' maintenance for the University of California and the figures of the Industrial Welfare Commission as to the value of service. She has used for her basis a school of fifty students and a hospital of one hundred beds.

Figures Showing Cost of Maintenance and Instruction for Student Nurses, Based on a School of Fifty Nurses or Students

These are based on cost of room and board for college girls under average conditions; for laundry, when students may have facilities to do some articles and send out large pieces, such as nightgowns, uniforms and aprons; uniforms and upkeep of uniforms based on figures from hospital supplying uniforms; breakage and drugs are arbitrary figures, allowance is the average. Figures on instruction are based on the salaries of faculty, allowing a proportion of one-half for superintendent, for administration of school, and one-third for other officers. Full salary and maintenance of instructor is apportioned to school.

Maintenance—	Per Month
Board	$30.00
Room	10.00
Laundry	8.00
Uniforms—Upkeep	4.00
Breakage—Drugs	3.00
Allowance	10.00
	$65.00

Instruction— Salaries of Faculty:	Per Month	Pro Rata for School
Superintendent of nurses	$200.00	$100.00
Assistant superintendent of nurses	150.00	75.00
Night superintendent of nurses	125.00	50.00
Operating-room supervisor	150.00	60.00
Head nurses (two)	200.00	50.00
		$335.00

Proportion for each student		$ 6.70
Instructor's salary	$150.00	
Instructor's maintenance	50.00	
	$200.00	
Proportion for each student		4.00
Use of library and equipment, including depreciation		1.00
		$ 11.70

Students' Service in Hospital—Based on four hours a day of practice work in hospital during preparation period; eight hours a day during first and second years. Based on figures of State Industrial Welfare Commission—for apprentices at 25 cents per hour, semi-skilled workers at 35 cents per hour, more skilled workers at 40 cents per hour.

Preparatory Period—Four months, four hours daily; 25 cents per hour; per month, $48.00.

First Year—Twelve months, eight hours daily; 35 cents per hour; per month, $67.20.

Second Year—Twelve months, eight hours daily; 40 cents per hour; per month, $76.80.

Total cost during preparatory period	$306.80
Services valued at	193.00
	$113.80
Total cost during first year	$920.40
Services valued at	804.00
	$116.40
Total cost during second year	$920.40
Services valued at	921.60
Difference in favor of student	$ 1.20

The committee presents this report with but one conclusion, and that is the necessity of a better accounting system for our schools of nursing. Several have made the statement that an attempt was being made to separate the accounts. We sincerely hope that this questionnaire will stimulate others to do likewise.

ADA BELLE MCCLEERY (Chairman),
EFFIE J. TAYLOR,
Sub-Committee on Cost of Nursing Schools.

*This report of the sub-committee of the Education Committee of the National League of Nursing Education was given at Seattle in June, 1922. Reprinted from "The American Journal of Nursing."

—*American Journal of Nursing.*

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

In 1916, in order to become part of the Great British organization, the whole detachment in this area, which was up to this time registered at Ottawa as V. A. D. No. 2, formed Nursing Division No. 19. Over three hundred members enrolled in this division, and three other nursing divisions also formed in Montreal, and one in Sherbrooke—No. 24, 26, 38 and 12, respectively.

Strict discipline and regular routine of training was the lot of the V. A. D., and the young women measured up to the standard set by nurse and doctor, and, after months of very severe and trying times, they were rewarded by the highest praise from the A. D. M. S. of the district. The members were surprised and delighted to receive the first summons for overseas from the Joint Committee of the B. R. C. S. and Order of St. John in July, 1916. Fourteen went from Montreal with the first detachment, which numbered sixty in all, under the direction of Superintendent of Montreal Centre No. 19, Mrs. V. V. Henderson. They sailed on September 16th, 1916. The whole Dominion was represented, from Halifax to Victoria. As the Montreal members had been in hospital for over a year, they had the proud distinction of being sent at once to France, owing to the immediate need for more workers there. Five served in No. 5 Hospital and five in No. 8 Hospital in Rouen.

In 1917 three more detachments went over and two more in 1918.

During this time the V. A. D. members in Canada were also at work. In the influenza epidemic of 1918 they served both in the military Hospitals at Montreal and the barracks Hospital at St. John, Que., and nursed the sailors in port at the request of the Harbour Board in a hastily arranged hospital opened in the Catholic Sailors' Club. V.A.D. members supplied assistant nurses for the Military Hospitals Commission, Khaki League and C. A. M. C. They also managed canteens in the first school established for returned men, etc.

In 1918 came the formal acceptance of their services by the Canadian Government. The Women's Aid Department was modelled on the organization of the same name in England, and the District Superintendent of the St. John Ambulance Brigade had charge of all services of the voluntary aid, from the V. A. D. muscle function trainer, the masseuses and the general, clerical and domestic service sections, in fact all other services except that of the C. A. M. C. sisters. The students for Hart House, Toronto, who were training for muscle function workers and massage, were sent up on the recommendation of the Women's Aid Department.

Mrs. Henderson's account ends: "The sole drawback in the rapid progress of the development of the Women's Aid Department was that it was late in being introduced. In 1916 it would have been invaluable and a great economic advantage; but the cessation of hostilities, welcomed by all, cut short the new life of the W. A. D. However, the hospitals in Montreal and St. Anne's were staffed in several sections for over a year, and activities did not cease until January, 1920. Since then members of the nursing division have worked in the Red Cross Lodge, and are still, in 1921, engaged in the work of probationary nurses. Nearly seven years of continuous service have been rendered by young women who know the meaning of our motto, "Duty and Discipline." We have, in Montreal, placed on duty over two hundred members in the various hospitals and have sent forty-five overseas to serve in France, England and Egypt, and we have supplied our own military areas with every need for which a demand came to us from 1915 to 1920."

ILLUSTRATIVE LANTERN SLIDES

(A). *Origin of the English Langue of the Order of St. John.*
(For the origin of the Order itself see Lecture IV.)

Slide 295. Grand Priors of the Order of St. John in England in the past;
(a) Sir Thomas Docwra, who largely rebuilt the Priory, including the Gate House, in 1504. "At the Field of the Cloth of Gold he was appointed to ride with the Flag at the embracing of the two Kings".
(b) Grand Prior Sir John Kendal (1489-1501).
(c) Grand Prior Sir Richard Shelley (1566-1590).

Slide 296. The earliest known picture of the Priory Buildings of the hospital of St. John at Clerkenwell, showing the main building below, erected 1130 A.D., and restored 1530 A.D. by Sir Thomas Docwra, and above on the left St. John's Gate, erected at the same time.

Slide 297. The East Window of St. John Church at the Clerkenwell Priory. The central figure is St. John the Baptist, Patron Saint of the Order. To the left is Raymond Dupuy, Grand Master 1118 to 1160. To the right is St. Ubaldesca, a sister of the Order canonized for her charitable deeds. Died at Pisa, 1206. The two side panels contain eight medallions, each of which is a pictorial representation of a Scripture scene, which typifies one of the beatitudes. The upper part of the window shows figures

representing St. John, St. Andrew, St. Patrick and St. David. Below these a row of angels holding shields emblazoned with the arms and the principal English Priors of the Order.

Slide 298. (a) St. John's Church, Clerkenwell, Southside.
(b) Nave of the crypt St. John's Church.

(B). *Recent History.*

Slide 299. Memorial tablet erected to the St. John Ambulance men who died in the South African War, 1899 to 1902.

Slide 300. The competition trophies awarded by the St. John Ambulance Association for the best examination in First Aid.
(a) Trophy offered by the Canadian Branch of the Association.
(b) The Inter-railway Challenge Shield awarded in 1897.

Slide 301. Scene from the Thanksgiving service in London at the recapture of Jerusalem from the hands of the Turks. Service held in the Grand Priory Church on January 11th, 1918. The Processional wearing the robes of the Order with the large eight-pointed white cross on the left shoulder.

Activities During the Great War

Slide 302. Arms of the Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem, showing the Red Cross Shield, and the Shield of the Order, the latter bearing the Lion of St. John in its four corners on a red ground with a white cross bisecting it from end to end.

Slide 303. Lady Perrot, R.R.C. Organized the St. John Ambulance Brigade Nursery Division for action in 1914, and Superintendent-in-Chief of the Brigade in England during the war.

St. John Ambulance Brigade Hospital

Slide 304. The Etaples Hospital area. Aeroplane view, showing the hospital of St. John in immediate proximity to No. 1 Canadian General Hospital and the large number of other units in the immediate neighbourhood.

Slide 305. The St. John Hospital at Etaples. General view showing tents and huts and beautiful location by the sea.

Slide 306. Surgical ward. Note the large circle on the bedspreads with red ground surmounted by a large white eight-pointed cross of the Order of St. John of Jerusalem.

Slide 307. The St. John Hospital after the air-raids of June, 1917. Showing an entire hut ward demolished.*

* These and succeeding slides are from photographs kindly loaned by Miss Edith Campbell, R.R.C.

Slide 308. The four devastated hut wards after the raid.

Slide 309. The Nurses Funeral at Etaples following the air-raids. A procession of Officers and Sisters proceeding towards the wide stretch to the cemetery.

(For further pictures of the air-raids at Etaples, Nurses Funeral Obsequies, see under No. 1 Canadian General Hospital above.)

(To be Continued)

Editorial

Helping the Hospitals

One of the progressive steps in Canada to help the hospital and the training school is shown by the universities in some of our provinces giving short courses or institutes for those engaged in either the administration of the hospital or the instruction in its school. Saskatchewan led the way last summer when a short course of two weeks, as a "feeler," was given at Saskatoon. This year McGill University and the University of British Columbia will extend this course somewhat and give a very helpful, if of necessity, one of short length. Where there is a nurse whose duties bring her into close contact with the difficulties of nurses all over our country, who are trying with no special preparation to fill the post of instructor and administrator, she can help much in bringing this matter to the attention of hospital boards, with a view of getting them to allow their executive officer and the instructor extra time for such a course. It would be the best investment possible, for the waste of time and energy used by the unqualified nurse in these positions is enormous. How to teach is quite as important as what to teach, and it is more than time that these hit-and-miss ways of running our institutions are stopped.

* * * *

National Conference on Education and Citizenship

All Canadian nurses should be interested in the coming conference on the above-mentioned subjects. It is gratifying to know that we are to be represented officially by the members of the C.N.A.T.N. Executive Council resident in Toronto, or thereabouts, and it is hoped that provincial associations may also have a properly deputed delegate there. The list of speakers and the programme as sent out to our provincial associations will show at once the great value of this conference, and a few moments' thought will convince us all of the need of just such a meeting. One cannot do better just in this page than to quote the following from Sir Michael Sadler, which it will be well for all of us, whether able to attend the conference or not, to take to heart:

"Initiation into a way of life is therefore a desirable, if not an indispensable element in a liberal education. Religion assigns their relative values to the various good things which a man may enjoy but must learn how to use. Education in its wider sense is therefore impoverished unless it has the directive guidance of religion and its help in discriminating between the worthy and the less worthy ideals of life. Life may become brutish and bleak without religion. And what is true of life is also true of education, because education is the accompaniment of life as well as a preparation for it."—Sir Michael Sadler.

Letter to The Editor

To the Editor, *Canadian Nurse*:

The fact that a deputation of women representing an influential woman's organization have proposed the training and licensure of midwives for Canada should be publicly considered by all the women of Canada, but more especially should it interest Canadian nurses. Personally, I am anxious to know what view other nurses hold regarding this issue. I ask the editor of our journal to bring this matter to the attention of the nurses. In my humble opinion, it is a consideration that requires serious study and close investigation; for, while it is true that Canada's infant and maternal death rate is seriously in excess of what it should be, it is doubtful as to whether the training and licensure of midwives will lower it. The first and one of the most important steps that should be taken in this matter is to find out by ballot just what per cent. of the women who were behind the deputation that convened at Ottawa would be willing to employ "said midwives.". Surely what is good enough for one is competent to carry on with the other; consequently, if the women who endorsed the practise of midwifery represent only a fraction of the womanhood of Canada, and that fraction are only trying to obtain for their less fortunate sisters (less fortunate because of location and from a financial point of view) what they would not themselves make use of, in that case the least consideration we Canadians give the practise of midwifery, the greater service we will render womankind. On the other hand, if the training and licensure of midwives would prove a real and lasting benefit to the women and children of Canada, then we cannot have them in our midst too soon. But before we arrive at a definite decision, it might be wise for us to gather all the information we can on the subject. I desire to make a few implications, which I believe are pertinent, and, with the editor's permission, review my experience with maternity cases; also offer some suggestions by which this work could be enlarged or made to fit every maternity case in Canada.

Firstly, the modern and basic principal upon which medical, nursing and social science is founded is that, if we undertake to cure an ill or correct an evil, we must find out and treat the cause. The underlying reason why America's infant and maternal death rate does not compare well with New Zealand's, for instance, is not chiefly because American physicians and nurses are less competent than those of New Zealand; it is partly because a large per cent. of our American women have greater wealth, consequently less maternal instinct than the average mother of New Zealand. In order to verify this statement, we have only to remember the number of women who wanted, loved, breast-fed and cared for their own infants in 1870, as compared with the number of those who are

doing it in 1923. I use the words, wanted and loved, advisedly, for I do not feel that the average mother of 1923 is entirely to blame. Our present day hospital methods of caring for babies is in some measure responsible for a considerable amount of failure in regard to the breast feeding of infants. Those who doubt the veracity of this statement should verify it by comparing the percentage of private hospital cases who continue to successfully breast-feed their infants with the percentage of cases cared for by a district or a visiting nurse service. It is quite true that the mother and the infant in hospital can be well trained to a regular schedule of feeding; but it is equally true that a large percentage of mothers who have their babies with or near them, some of them actually caring for them, can also be trained. It is some time since I disabused my mind of the idea that a mother had to be in one room and a babe in another before either of them could be brought to realize the benefit of the doctor's orders. Covering a period of approximately two and a-half to three years, 1920 to 1922, I assisted at over seventy-five confinements. Over fifty per cent. of these were primciparas, and four of the seventy-five babies arrived before the doctor. Forty out of seventy-five cases were cared for after the confinement on a visiting service; on thirty of the remainder, subsidiary nurses who worked under my supervision were placed. The remainder were cared for by graduate nurses. The confinements were in all types of homes and represented people of various nationalities, including Canadian-born, Jewish, Italian, one Greek, one Chinese, one Spaniard and one French mother. On almost all the cases where the sub-nurses were placed there were other children in the home, or else no person who was capable of attending the patient under instructions given by a visiting nurse. In a number of cases the husband had to assume full responsibility, other than what the visiting nurse assumed. The infant mortality in these cases was 6¾%, or five out of seventy-five cases. Two of these were still-born, two died at birth, and, unfortunately, both these were for the same doctor. The fifth infant, the child of a returned soldier, died in its fifth month from infection of indefinite origin. There were two bad cases of specific ophthalmia neonatorum, both of which were treated successfully.

The maternal mortality was one in seventy-five, and unfortunately that mother left eight children. She had been found in an unconscious state following serious haemorrhage in the fifth month of her ninth pregnancy. The birth was normal in every way; death was due to shock, following loss of blood. Regarding the post-natal care of the mothers and the health of the babies, I examined the charts of almost every case, only two of which recorded a rise of temperature of 99⅘ degrees; 65 per cent. of the others registered normal throughout. On only one case was it necessary to catheterize, and that on one occasion. The infants were all breast-fed successfully as long as we attended the cases, and while we regret that we are unable to report the condition of the babies at the age of one year, lack of financial support, not inability to handle the situation,

is the cause of this omission. That lack and the need of compulsory registration of all women employed as nurses, not the need of midwives, is the real reason why every mother in Canada is not well cared for during her confinement. On the other hand, many mothers who employ the services of hospital specialists (physicians and nurses) are unable to breast-feed their infants because they are not allowed to love and mother them as they would like to. During the years I have spent supervising the work of subsidiary nurses, we have a record of no mastitis or breast abscesses in our home cases. We have certain knowledge of a number in our follow-up work of hospital cases. I am fully aware that many district nurses are successfully caring for more maternity cases than I. It would be interesting to hear from some of these, also to find out their views *re* midwifery. The majority of us would undoubtedly do better work if we had a midwife's training; but is there not grave doubt *re* the advisability of specially trained women who are not nurses? My experience with some of those who have been trained elsewhere (other than nurses) does not lead me to hope for much from women who would be willing to take a training that covered only that work.

I thank you for space allotted me.

Yours sincerely,

M. A. GIBSON, R.N.

CARE OF FIRST TEETH IMPORTANT

Few parents pay any attention to their children's first teeth. The belief is that, as these teeth fall out anyway, there is not much use bothering with them. This sounds like common sense. But unfortunately it does not work. A decayed first tooth is likely to transmit decay to its successor. Lack of care of the first set of teeth is apt to result in more dentistry on the second set than would otherwise be necessary.

—MINER C. HILL, M.D., in *The Health Builder* for November.

The World's Pulse

By Elizabeth Robinson Scovil

Traffic in London

Some interesting figures of the number of travellers carried in London in the last year have recently been issued. The number was 1,573,000,000. Of these the omnibus carried 847,000,000. The first cab appeared in the streets of London in 1823, just a hundred years ago, and the hansom, invented by John Aloysius Hansom, in 1834. These are rapidly being superceded by taxicabs.

The Jenner Centenary

In connection with the celebration of the hundredth anniversary of the death of Dr. Jenner, the discoverer of vaccination, there have been exhibited in England a picture of Dr. Jenner vaccinating his son, and a hair from the tail of the cow which furnished the first dose of vaccine. The discovery is said to have saved at least a hundred million lives.

Wireless Valve

A new valve for use in long distance wireless work has been perfected which may render unnecessary the huge generating stations at present used for communications across the Atlantic. It is thought it may pave the way to a wireless apparatus of undreamed of simplicity.

Pharoah's Tomb

The opening of the tomb of Pharoah by the Egyptologists, Lord Carnarvon and Mr. Howard Carter, after it had been undisturbed for about 3,500 years, has excited great interest. One of the theories is that Tutankhamen was the Pharoah who oppressed the Israelites. In an inscription at Karnak he states that he conducted great building operations and made extensive use of foreign slaves, which corresponds with the Biblical account of the brickmaking and the taskmasters.

The Future Duchess of York

The betrothal of Prince Albert, Duke of York, and the Lady Elizabeth Bowes-Lyon, daughter of the Earl of Strathmore, has excited great interest throughout the Empire. She is described as small, with a very neat figure. Her dark hair is worn parted in the middle, with a fringe on the forehead. She has a beautiful complexion, and deep blue eyes, thickly fringed with black lashes. She possesses "that most excellent thing in a woman," a low-toned, charming speaking voice. Her chief charm is her particularly happy, radiant expression. She is high-spirited and clever, rides to hounds, is a keen tennis player, dances exceptionally well, loves reading and music, and dresses charmingly in a picturesque style.

Projected Trans-Atlantic Flight

Edward R. Armstrong, a noted Philadelphia engineer, aviator and inventor, has just completed plans for a passenger service across the Atlantic, by which the flight will be made in thirty hours, and to be an accomplished fact in 1926. He proposes to construct eight gigantic stations, 12,000 feet long and 400 feet wide, having a platform of eleven and a-half acres, on which the seaplane will alight. These will be anchored at intervals of 400 miles across the Atlantic, and stabilized by a special invention which will prevent their rolling and pitching as now the steadiest ocean steamer does. There will be complete radio-telephone and wireless-telegraph receiving and broadcasting stations, a meteorological bureau, airplane repair ships and with accommodation for over-night guests. Between stations huge buoys, one every fifty miles, illuminated at night by acetylene gas, will mark the course. Each plane will carry from twenty to thirty passengers, two operators, and mail and express equal to one-half the total passenger load.

Great Britain's Debt to America

"The Gentleman With a Duster," who so scathingly dusted the "Mirrors of Downing Street," has written in *John Bull*: "America, unwilling to lend money to France in the security she could offer, lent it to Great Britain on sound security at five per cent. Great Britain lent it to the Allies at her own risk. When we pay America, we pay for France, Belgium and Italy. Our children will not be ashamed of this debt. We can soon discharge this most honorable obligation if we rid ourselves of the lunatic delusion that we have dropped to a second or third place among the nations. We are still easily the first. Those most capable of carrying on the British genius for world trade say that revival is in sight. The future belongs to the three thorough nations — Great Britain, Germany and China. The British Empire is the only one that is wholly self-sufficing and capable of illimitable development."

Honors for an X-Ray Victim

Dr. Charles Vaillant, of La Riboisere Hospital, who lost both arms from injuries incurred in the use of X-rays during the last twenty years, was given honors unique in history at the Hotel de Ville, Paris. He received the Cravate of the Legion of Honor, a rare honor for a civilian; the Carnegie hero medal, and the gold medal of the City of Paris.

The Largest Pyramid

It is stated that the Egyptian pyramids are not the largest in the world. The monument desiring this distinction is at Cholula, an ancient town in the State of Puebla, Mexico, covering 45 acres of ground. The largest pyramid in Egypt, that of Cheops, belonging to the Gizeh group, covers 13 acres, but even this contains 90,000,000 cubic feet of stone.

Three may keep a secret, if two of them are dead.—Franklin.

News from the Medical World

By Elizabeth Robinson Scovil

Hospital Standardization

The *Journal of the Missouri State Medical Association* says that attempts are being made by the Laundry Owners' Association to standardize laundry practice. The purchase of supplies has been standardized by the New York Bureau of Standards and Supplies and by the hospital councils. The intern problem is being standardized by the American Medical Association, floors and surgical dressings by the American Hospital Association, social service by the American Association of Social Workers, and nursing by the various nursing organizations. The American College of Surgeons is trying to establish standards for the more perfect functioning of a hospital as a whole.

A Japanese Embassy

Six Japanese doctors, including the chief surgeon and professor of surgery in the Tokyo Charity Hospital, are to visit the United States, as guests of the Rockefeller Foundation, for the purpose of studying American and Canadian medical institutions and methods. They will be in Montreal and Toronto.

Goat's Milk

Goat's milk is pure white. If milked under hygiene conditions, there is no pronounced odor nor taste. There is essential chemical difference between the casein in the milk of the cow and the goat; the latter may be modified for infant feeding. The fat globules rise slowly, and in most cases there is no cream, so it cannot be skimmed. A good common goat yields about two quarts of milk a day, a good pure-bred Toggenburg from seven to eight quarts. Goats are practically immnue to tuberculosis. It is thought to be higher in antiscorbutic qualities than cow's milk. If aseptically obtained, it is the most suitable substitute for breast milk.

Insulin

In an interesting report on the use of insulin in a large hospital in St. Louis, it is stated that the glycosuria in diabetis millitus cleared up very rapidly; if it was stopped the glycosuria returned. The acetone excretion fell rapidly. In one case the patient was brought out of diabetic coma and was still alive, the urine being free from acetone. No case of diabetes had been encountered which would not go into nitrogen balance under insulin. An overdose has been fatal to rabbits and other animals. The antidote is glucose; with its use rapid cure follows insulin poisoning. It is used by subcutaneous or intravenous injection twice a day, or before each meal. Some physicians give one dose daily, an hour before the noon meal. The amount given depends on the quantity of sugar in the urine, one unit equalling two grains of sugar.

Frozen Milk

It is stated that not infrequently vomiting and diarrhoea follows the feeding of an infant with milk that has been frozen. In freezing of the water the emulsion breaks and the fat is separated. When the milk thaws the fat globules coalesce and form a thick layer of butter-fat, which may cause gastric and intestinal disturbance. It should be thawed slowly in a cool room, and should be boiled before being used in the feeding mixture.

Pasteurization at Home

Place the milk in the inner part of a double boiler, with cold water in the outer vessel. Heat the water to 160 degrees F., and allow the milk to stand in the double boiler in a warm place for twenty minutes. Then cool it rapidly in a good ice chest, where it should be kept until it is heated again for feeding. If individual bottles are used, place them in a pail, add water to above the level of the milk in the bottles and heat to 160 degrees F. Remove the pail from the stove, cover and keep in a warm place for half an hour. Cool in the ice chest. The bottles should be properly stoppered.

Public Health Report

A comparative table, issued by the provincial officer of public health in Ontario, shows a remarkable decrease in the number of cases of smallpox and other communicable diseases. Scarlet fever and diphtheria show a falling off. Whooping-cough has increased; in January, 1922, there were only 89 cases, while the same month this year 376 cases were reported. Influenza was prevalent in Toronto. Venereal diseases of all types show a downward trend.

Death of Roentgen

The death of Professor Roentgen, the discoverer of the X-rays or the unknown rays, occurred in February. He was born in March, 1845, at Lennep, near the Ruhr district. His great discovery was made at Wurtzberg in 1895. He was 78 years old at the time of his death.

Unnecessary Anxiety

Many persons feel great anxiety unless there is a daily evacuation of the bowels. A writer in a medical journal says the colon is made to be a garbage can; its walls and mucous surface are prepared by nature to take care of fecal matter, without harm to themselves or the body. The function of this part of the intestine is not one of absorption, so that a moderate amount of retention does not harm.

No life is fully balanced without a hobby of some kind.

Lord Burnham.

Public Health Nursing Department

EXECUTIVE COMMITTEE

Chairman—Miss Florence Emory, Room 308, City Hall, Toronto, Ont.
Vice-Chairman—Mrs. Charlotte Harrington, 104 Spark Street, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

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Nova Scotia—Miss Margaret McKenzie, Department of Public Health, Halifax, N. S. **New Brunswick**—Miss H. T. Meiklejohn, Health Centre, St. Johns, N. B. **Quebec**—Miss Ida L. Lawrence, 207 St. Catherine Street, West, Montreal, Que. **Ontario**—Miss Ella Jamieson, Provincial Department of Education, Parliament Buildings, Toronto, Ont. **Manitoba**—Miss Elsie J. Wilson, 798 Grosvenor Avenue, Winnipeg, Man. **Saskatchewan**—Miss C. M. Keir, Y.W.C.A., Moose Jaw, Sask. **Alberta**—Miss Elizabeth Clarke, Provincial Department of Public Health, Edmonton, Alta. **British Columbia**—Miss M. A. McLellan, 1883 Third Avenue, West, Vancouver, B. C.

Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 410 Sherbourne Street, Toronto, Convenor.

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Miss Cora M. Keir,
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Moose Jaw, Sask.

Alberta
Miss K. S. Brighty,
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Edmonton, Alta.

British Columbia
Miss M. McLean,
3151 Second Avenue, West,
Vancouver, B. C.

All public health nurses will be interested in the list to be found in the C.A.N.E. section of this publication of special courses for nurses available in Canada. In addition, the following short courses are under consideration:

NEW BRUNSWICK—"We hope, in the near future, that such a course (public health nursing) will be given at the health centre in St. John." (Quoted from a letter from Miss Murdoch, president of the N. B. A. of G. N., dated February 14th, 1923.)

MANITOBA—An extension course for public health nurses is given during December of each year.

"There is a possibility of a short summer course for nurse teachers and administrators this year." (Quoted from a letter from Miss Martin, president of the Manitoba A. of G. N., dated February 9th, 1923.)

SASKATCHEWAN—"We are trying this year to arrange a similar summer course (i.e., teachers and administrators for the training schools), which will also include work for private duty and public health nurses." (Quoted from a letter from Miss Simpson, president of the Saskatchewan Registered Nurses' Association.)

ONTARIO (Toronto)—We may have a refresher course for public health nurses of previous training and experience. This would probably last four weeks and be given in June.

Mental Hygiene from the Standpoint of a Social Nurse

The Canadian National Committee for Mental Hygiene, whose headquarters are at 703 Blumenthal Building, 207 St. Catherine St., W., deals with all cases who are a problem to the other social organizations of Montreal. These problem cases are those dealing with unemployment, illegitimacy, prostitution, the backward and nervous child in the school, the juvenile delinquent, the wayward boy and girl, persons who require a change of environment, owing to the presence of mental abnormality in the family, cases for deportation, persons who have to be committed to mental hospitals, and the vast problem of the feeble-minded child. All these persons are examined, not only from the mental, but also from the medical standpoint.

ACTIVITIES OF THE COMMITTEE

Psychiatric Clinic.—This clinic was organized in March, 1919, in connection with the Royal Victoria Hospital. It is held every Wednesday afternoon, at three o'clock. The staff consists of four physicians, one psychologist, two social workers and one stenographer.

Chief Agencies Using the Psychiatric Clinic.—The Family Welfare Association, Society for Protection of Women and Children, Women's Directory, Canadian Patriotic Fund, Montreal Children's Bureau, Catholic Social Service Guild, Federation of Jewish Philanthropies, Institution for Epileptics, Committee of Sixteen, Girls' Cottage Industrial School, Montreal General Hospital, Royal Victoria Hospital, Western Hospital, Children's Memorial Hospital, Montreal Maternity Hospital, Montreal Foundling and Baby Hospital, Protestant Public Schools, Travellers' Aid, McKay Institute, Y. W. C. A., Settlements, Protestant Orphans' Home and other institutions, etc. Many cases are also referred by private individuals and physicians.

Method.—A form is supplied to all interested agencies, and is also available on application to the office at 207 St. Catherine St., W., which is to be filled out and brought with the patient to clinic. The patient

receives both a mental and medical examination. If physical defects are found, the patient is referred to the Social Service Department for treatment. A report of findings is forwarded to the agency referring the case. A visit is paid to the patient's home, as soon as possible after attendance at clinic, and a complete history is made from this investigation, with the aid of information obtained from the report given by those who have referred the case. This is typed with a copy for the Psychiatric Clinic and one for office reference, and the Confidential Exchange is notified.

Ideal.—The ideal of the committee is to keep in touch with all their cases by close follow-up, as long as it is felt there is any necessity for visiting, endeavoring to improve the condition of the patient both mentally and physically, in view of ultimately supplying the ideal surroundings and occupation suitable to their particular case.

Institutional Work.—Arrangements are made for commitment to mental hospitals by the committee, but they are handicapped by the lack of institutions for the feeble-minded and psychopathic hospitals, this lack giving them considerable unnecessary work and anxiety.

Value of Clinic to McGill University.—All the modern medical schools to-day recognize the importance of giving their medical students a thorough foundation in the study of mental problems. In this connection the Psychiatric Clinic is performing splendid service, as it is the only means, until we secure a Psychopathic Hospital, of demonstrating to the students the various social problems in which the mental condition of the patient has first to be considered before a final solution can be found.

Survey of Schools.—A survey of eight Protestant Public Schools in the City of Montreal, with the result of one special class for backward children having been established in Alexandra School. This is only a beginning, and we hope more classes will follow.

Survey of Institutions.—The children in the following institutions have been mentally examined: Ladies' Benevolent Institution, Protestant Orphans' Home, Protestant Infants' Home, Day Nursery, Boys' Home, Belmont Boys' Home, Sweesburg, Boys' Farm & Training School, Shawbridge, School for Crippled Children and the Presbyterian Home.

Juvenile Court.—The committee has undertaken to examine all the non-Catholic boys and girls brought before the Juvenile Court, and these cases are followed up by the Probation Officer, who is also a part-time worker of the committee. She is greatly assisted in this work by the Juvenile Court Committee for non-Catholic cases.

Problems of the Committee

The work of the committee has grown to such large proportions that it is now being considerably hampered by the lack of a psychopathic hospital, where the early cases might be studied, of an institution for the feeble-minded and an adequate number of social workers.

It must be understood that the committee does not deal with the problem of the feeble-minded, only. Their work, as has been previously stated, embraces the problem of the unemployed, the backward child in the school, the relation of the employee to the employer, and all those borderline cases of mental abnormality which, if treated early, can be prevented from being sent to a mental hospital.

In connection with the Juvenile Court, I will cite a few examples to illustrate the case of juvenile delinquency. To illustrate the point of the unsatisfactory disposal of cases, due to the lack of facilities to deal with them, we will give a brief history of the case of an immoral girl of 14 years of age, who had not attended school since she was seven years of age, and had been in several situations, but had not made good. She was brought to the court by her father on charge of desertion, with a history of late hours, sometimes staying out all night with only an unsatisfactory excuse of "staying with a girl friend." She acknowledged having frequently visited dance halls and moving picture shows, but quite emphatically denied having been in any way indiscreet. The report obtained from her parents, however, was of so serious a nature that it was felt that the girl was not telling the truth, and in response to her father's urgent request that she be examined by a physician, arrangements were made to have this attended to as soon as possible. The hospital report was as follows: Mental report, retarded; medical examination, distinct evidence of having lived an immoral life.

As there is no Protestant Home for immoral girls to which the court could commit her, she was placed as a voluntary case by her mother, through the help of the Probation Officer, in a small home for unmarried mothers, this being the only home which could take cases of that type. Two weeks after her admittance, she was impossible to control and insisted on returning to her home. The Superintendent of the home got in touch with the Juvenile Court, which was powerless to interfere. The girl is once more exposed to her former temptations.

The value of the Psychiatric Clinic to the Juvenile Court is that it showed the girl was merely "retarded," and not mentally deficient, and that under proper supervision she might respond to training and influence, and become a self-respecting woman, whereas one of a lower mental grade would more definitely be a case for permanent institutional care.

To emphasize the need of a home for the feeble-minded, we will quote the case of a boy of 16 years of age, with a mental grade of 9 years; a tall, overgrown chap, who was the leader of a gang of boys who made raids upon butcher and grocery stores, stealing money and produce. Investigations showed that the boy was a serious problem in his family; he was easily led and played with young children of his own mental age, over whom he could not have had a good influence. He had a poor school record, and mental examination showed him to be of imbecile grade. Ha was placed on probation, his parents planning to put him on a farm, but this solution of the case was not considered

satisfactory by the Juvenile Court Committee, as he was definitely a case for a feeble-minded institution. To place him on a farm was but a temporary precaution.

1. This article was written before the recognition of the G. C. I. S., Sweetsburg, by the Provincial Government. This institution is able to accommodate these cases.

We are continually faced with the tremendous difficulty of providing immediate care for cases of insanity. The routine of admittance to a mental hospital is of necessity so exacting, with its numerous forms to be filled out, five in all—one by a petitioner, a mental specialist, a clergyman, a clerk and the mayor, and those of the petitioner and mental specialist signed in the presence of a Justice of the Peace, with accompanying signature—that it may readily be seen the tremendous need for a psychopathic hospital, where a patient may be placed in the interim, thereby insuring the safety and comfort of the patient, the relief of mind to the physician, and last, but not least, inestimable relief to the minds of the family. The following case is one which will show our great need:

A middle-aged woman, who has been for several years a great burden to her family, owing to periodical outbursts of strange behaviour and persecutory ideas, suddenly decided to leave her home, but was fortunately brought by an interested friend of the family to a mental specialist. He pronounced the patient a paranoic, requiring immediate admittance to a mental hospital. The husband was sent for, and the commitment papers for petitioner and physician were made out and signed, but then ensued the difficulty of locating the clergyman to whom she was known, also the impossibility of having these papers made out and witnessed and forwarded to the mental hospital before the hour of closing, the rules of the hospital being that the papers must precede the patient for approval. The woman returned, with social worker, to her home, but, on seeing her husband, refused to remain, and the only alternative was to have her arrested and placed under the surveillance of the police. She settled herself down in a neighboring shop in which she was well known, the detective, who had been introduced as a friend by the social worker, watching outside. In the meantime a nurse had been engaged through the Society for Protection of Women and Children to be with the woman until the arrangements could be made for her admittance. The husband was in a very poor state of health, undergoing tremendous nerve strain, and his salary was small, which made the necessity for a trained nurse a serious consideration. All these difficulties might have been prevented if she could have been admitted immediately to the temporary reception ward of a psychopathic hospital, pending transfer to the mental hospital. As a matter of fact, it took five days before she was actually admitted.

Another interesting case was that of a woman seventy years of age, who was well known to one of the Montreal hospitals, where she had

been attending the Eye Clinic, suffering from incipient cataract of both eyes. She was referred by the Social Service department of that hospital to the Psychiatric Clinic, Royal Victoria Hospital, as she had been showing symptoms of mental derangement. The patient attended the clinic and was diagnosed as a case of senile dementia. The social worker investigated the case and found she was a widow, her husband having died last year, and that she was attempting to support herself by working by the day, but this had to be constantly supplemented by friends and the church deaconess. It was also discovered that she was engaged to a man of twenty-seven years of age (her first husband was thirty-five years younger than herself). The social worker visited the young man in question, who appeared to be of very low grade mentally. Arrangements were made to have him examined at the clinic, with the result that he was diagnosed as "imbecile," with a mental age of seven years. As he complained of a sore leg, he was referred to the medical clinic. A blood-test was also taken, which proved negative, and the condition was diagnosed "broken down varicose vein." Before any efforts could be made to prevent this most unsuitable marriage, the couple presented themselves at the Psychiatric Clinic and announced that they had been married a few days previously. They appeared to be in the most excited, childish state, giggling and coy. During the conversation the new husband produced for inspection a postcard photograph of his present wife, taken with her former husband. This happy state was short-lived, because the Outdoor Social Service Department was constantly being approached by both of them. The man, due to his mental lack, was unable to hold a position for any length of time, and the woman, being in a constant state of apprehension and anxiety about their financial condition, was distrusting her husband and feared that he might commit suicide, on account of worry over the fact of his unemployment. A case conference was called of the many social agencies, clergymen and private individuals who had for some time been working fruitlessly on this case, with the result it was decided the only possible course to pursue was that of placing them both in institutions who took care of their type. The husband was placed in Baie St. Paul, where they take care of imbeciles. The week previous to his being placed, he had slept in the woods, refusing the shelter offered by his brother. The wife was placed in Verdun. If this case had not come under the observation of the mental clinic, where it was definitely proved that it was their mental condition which had caused them to be such a serious problem to the community for so many years, they both might have continued to be a source of unnecessary work and anxiety to their family, church, community and social agencies, with the possibility of a tragic termination.

In connection with the Psychiatric Clinic, Royal Victoria Hospital, we have a large percentage of epileptic cases of all ages. The Psychiatric Clinic is in co-operation with the Montreal Industrial School for Epileptics, 12 Park Avenue, and cases found suitable are referred to the institute

for therapeutic reasons and to receive vocational training in basketry, bookbinding, weaving, etc. Unfortunately, there is no accommodation for epileptics requiring institutional care in the Province of Quebec. There is a hospital for epileptics in Woodstock, Ont., but *they* refuse to take any case outside of the province.

Cases brought to clinic have been found to be mentally deficient or insane, and likely to prove a public charge, in which investigation has frequently shown that they are cases for deportation, and in a number of instances these cases should never have been admitted to Canada. For years the lax methods at the port of entry have allowed a number of the undesirables to slip into the country. These methods, fortunately, have been greatly improved, the Canadian National Committee for Mental Hygiene having actively co-operated with the Federal Department of Immigration and Colonization, with the result that a large number of persons who would formerly have been admitted to the country have been rejected.

In following cases to their homes, the ideal social worker endeavors to obtain a pen-picture of the atmosphere of the patient's environment, the attitude of the family toward the patient, and as full a history as possible of the antecedents, patient's habits, mode of living, and early history of development, in order to give the psychiatrist a view of that side of the patient's life into which he cannot possibly enter through the medium of the clinic; she also, by these friendly visits, will win the confidence of the patient's family, thereby establishing a link between home and clinic which is invaluable in treating the case from a preventive standpoint.

I will quote from an article in *Mental Hygiene*, July, 1919, by Jessie Taft, Director, Department of Child Study, Seybert Institution, Philadelphia, in which she gives a wonderful ideal of the psychiatric social worker:

"It is difficult to list the personal qualities which render a candidate for the psychiatric course seriously undesirable, and it is extremely difficult to pass judgment in concrete cases. Perhaps, if we could draw a picture of the type of person who is born for the job, we should have a kind of form by which to measure our applicants.

The born psychiatric worker, as I see her, has to be a maternal sort of person, even if she is only twenty. She has to have a genuine liking for people and their troubles. It won't do for her to be at bottom cynical, carping and critical. She needs a warmth of spontaneity and wholehearted interest that render the making of good contacts simple, natural and inevitable. I am inclined to think that she ought to be a settled person, a fairly satisfied person, who has a philosophy of life which she has tried out and can pass on with conviction, and whose basic attitude toward life is a sober optimism. Without this, she will find it not so easy to throw her interest into the problems of every patient with perfect

objectivity. The restless, unfulfilled, seeking, pessimistic individual, cannot tear her attention loose from her own troubles long enough to manage other people's. Finally, the ideal psychiatric worker, like the old family physician, must be the person who has the strength to carry the patient, the poise which gives him confidence, the sympathy that means real understanding, the open mind which is always ready to try a new plan, the wisdom which allows the patient to work out his own salvation as far as he can, and the unending patience, which is the rock on which he depends.

"The personality that has strength and healing in its touch makes not only the great physician, but the great social worker. The student who combines such a personality with the intellectual ability to use it to the best advantage, or approximates such a combination, is a safe risk for our course in phychiatric social work."

IDA L. LAWRENCE,
Social Worker, Canadian National Committee
for Mental Hygiene, Montreal Quebec.

BEING POPULAR

Learn to laugh; a good laugh is better than medicine.

Learn how to tell a story; a good story, well told, is as welcome as a sunbeam in a sick-room.

Learn to keep your own troubles to yourself; the world is too busy to care for your ills and sorrows.

Learn to stop croaking; if you cannot see any good in the world, keep the bad to yourself.

Learn to hide your aches and pains under pleasant smiles; no one cares to hear whether you have headaches, earaches, or rheumatism.

Learn to meet your friends with a smile; a good-humored man or woman is always welcome, but the dyspeptic is not wanted anywhere.

Above all, give pleasure; lose no chance of giving pleasure.

—*Nursing Times.*

SANITATION AND HYGIENE

In the battle of life, just as in actual warfare, there are two great forces brought into action—offensive and defensive. Sanitation may be compared to the former, and hygiene to the latter.

In sanitation we wage an active crusade against the germs of disease —we burn them with fire, we poison them with antiseptics, we demolish their strongholds of filth, and in every way actively pursue them to their death.

In hygiene we strengthen our fortifications and look after the well-being and equipment of the garrison, so that we can resist almost any attack.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Letter enclosed, with an outline of information about post-graduate training courses for nurses, to be sent to all our hospital training schools:
Dear Madam:

At the annual meeting of the C.A.N.E., held last July, a committee on scholarships was appointed with purpose to "encourage the establishment of scholarships for post-graduate work by the hospital boards."

Your committee understood that the word "post-graduate" was used in reference to hospital graduation, and that we were to seek scholarships for nurses who wished to add further special training to that received during the three years in the hospital. As far as we know, there is no post-graduate *hospital* course available in Canada, so that the call for scholarships relates directly to the university courses available for graduate nurses.

Your committee has corresponded with all of the provinces of the Dominion, and has arranged in the plan attached a brief summary of the courses which our universities have established for nurses. Most of these relate to public health nursing, as that was the field for which the hospital training gave the poorest equipment. Having met that emergency need, we hope that now our colleges may rapidly add special training courses for the other groups of nurses.

Your committee wishes to urge all training schools and nurses' associations to keep in touch with these post-graduate courses, and especially to see that the younger nurses are informed about them. May we also urge that every training school try to arrange for at least one scholarship, or to direct one student into a special training course. Thus can we strengthen the hands, and at last come to the aid of the small group of training school superintendents who have striven so long to advance the cause of nurse education.

Signed on behalf of the Committee:

E. K. Russell,
Convenor.

Special Training Courses for Nurses Available in Canadian Universities

Nova Scotia—Dalhousie University, Halifax. Public Health Nursing, seven months.

Quebec—McGill University, Montreal. (1) Teaching in Schools of Nursing, eight months; (2) Administration in Schools of Nursing, eight months; (3) Public Health Nursing, nine months.

Ontario—Western University, London. Public Health Nursing, eight months.

University of Toronto, Toronto. Public Health Nursing, eight months.

British Columbia—University of British Columbia, Vancouver. (1) Teaching and Administration of Schools of Nursing (part of five-year Hospital and College Course), seven months; (2) Public Health Nursing, seven months.

In each case the course starts at the beginning of the college year, which is either in September or in October. Full particulars as to length of course, date of registration, costs, curriculum, etc., can be obtained by writing to the university in which you are interested, addressing the letter either to the registrar of the university, or to the secretary of the nursing department.

At present scholarships are being given by such individuals or groups as the following: A Provincial Nurses' Association (e.g., Ontario, Quebec), the Alumnae Association of a Nurses' Training School, the Board of Trustees of a Hospital, an individual member of a Hospital Medical Staff, the Red Cross Society (provincial or local), the Victorian Order of Nurses, a Provincial Board of Health (e.g., New Brunswick), the C.N.A.T.N., and a Memorial Scholarship.

Usually the value of a scholarship ranges from $350.00 to $500.00 for the year. The bare cost of living and tuition for a student taking an eight-months' course in one of our larger cities is estimated to be about $600.00. The smaller places give a lower estimate. Some scholarships given by a hospital board of trustees include an arrangement by which the student is given her board in the hospital residence, and to this is added sufficient money to cover the tuition fees at the college.

N.B.—It will save confusion and disappointment if the donors of scholarships will ascertain in good time that the recipient is eligible for enrolment in the course which she has selected.

CORRECTION

The editor regrets that, in the March issue, a mistake was made in stating that Miss Grace Fairley was president of the C.A.N.E. Miss Mary Catton is president of the association.

NOTICE

The annual convention of the Canadian Association of Nursing Education will be held in Toronto, June 6th to 9th. Miss Dyke is convenor of the programme committee, and we understand an interesting programme is being arranged, which will be published in next month's magazine.

Instruction Course, McGill University

By Beatrice Watson
Royal Victoria Hospital, Montreal

Before commenting on our instructors' course at the school for graduate nurses, McGill University, it would be interesting perhaps to note its origin and purpose. It had been clearly realized by some of the leaders of the nursing profession in Canada that only in the far-distant West was any attempt being made to train women of purpose for the tremendous field of teaching that was opening both in the hospital centres and in the world without. Many of our women who had been inspired as leaders had left the Dominion to seek development along their various lines under other conditions. It was born to our few idealists that this was little credit to a growing nation. Accordingly the thought was originated and developed that no better place could be found than the most central university, whose duty it was to include among its students any of "The Youngest of our Professions" who could share in the advantages which it offered in culture and science. The nursing profession needed teachers and leaders, and, to conserve our forces, the training of these should be carried out in the Dominion itself. The seed sown on good soil speedily grew, and, with the ready co-operation of the leading hospitals, facing the problem of how best to impart to other students the fruits.

We found ourselves, a small band of workers from the more central hospitals, facing the problem of how best to impart to other students our own knowledge. We expected the University Course to augment the advantages of our previous training. We expected this, because the course had been organized for the purpose of stimulating or creating teachers, on a standardized basis, to go forth and lead our pupils to correct ideals in technique and ethics.

Most of the subjects carried in the course had been covered in our respective training schools—yet with a difference—the difference of presentation. In our hospitals, through practice, we had acquired a certain facility of technique. In the University Course we concentrated on the psychology of our students and learned to interpret the various forms of service from the individual viewpoint. Some of the subjects were new to students from our smaller hospitals. We believe, therefore, that the course will draw its members largely from these fields, because demonstration in scientific subjects is possible only in a large training school or university.

Some of us faced, somewhat resentfully, what we felt to be repetition. Our resentment was futile. We had no time for repetition. All we learned was engagingly new. The subjects were placed with ever-changing aspect. The days were all too short for the rush from class to lecture-room. We delighted in the quiet hours spent in making ourselves familiar with the countless possibilities of the musuems. We enjoyed to the full the chance

half-hours, when master minds gazed in pity on us from those well-ordered library-shelves. We felt that we were absorbing wisdom by our mere proximity to the great intellects and rejoiced that we had been caught in this maelstrom of art and learning.

Enough cannot be said in appreciation of those zealous teachers who opened to us the doors of Pathology and that giant micro-world of which we knew so little. We learned. In such environment one has to learn. We each one aimed at being a credit to our training school, at being true to the ideals of our Mother Superior. We left the shelter of the university each bent on blazing a definite trail in the nursing profession.

Without details or personalities, one must emphasize the opportunity given to the students "To Do," and since we "learn by doing," this is a vital part of the course. We had the opportunity of practical post-graduate experience, of excursions to the local hospitals and schools, of teaching and demonstrating certain class procedures and of receiving first-hand guidance from professional teachers and experienced leaders of the nursing field.

The necessity of this Instructor's Course has been questioned on the ground that university affiliations will in all probability eliminate the need of hospital teachers. We believe that during the next twenty years only the largest hospitals will carry affiliations. In the meantime there is an intensity of professional technique and etiquette which cannot be taught and supervised outside of hospital centres. We must for the present, then, produce teachers and leaders who will brave the highways and take our advanced methods to smaller schools in order to help our co-workers who of necessity are limited to local training.

We wish for all other nursing students the possibility of our course at McGill University. We feel convinced that we can establish and maintain a Nursing College on Canadian soil; can rise to a more perfect standard of nursing; convinced that from an economic point of view it will be to our advantage to broadcast our own teachers through the Dominion; that we may even draw our own College Faculty from the ranks of our trained nurses, since it is obviously the duty of a nurse to impart to nurses the ideals of nursing.

With this conviction firm we invite our women—"Begin training now."

Read before the Annual Convention of the C.A.N.E., Edmonton, 1922.

The most completely lost of all days is the one on which we have not laughed.

Pupil Nurses' Department

The Hallowe'en Party

The cosmopolitan reputation of Montreal was fortified on November 1st, 1922, when, obedient to a pleasant summons, representatives of every race and color mingled in the reception room of the Montreal General Hospital. Whether it was Cleopatra in person I must not reveal, but certainly an Egyptian princess was present, coming perhaps with the intention of outvamping The Vamp, who was there with the modern accoutrements of vanity bag, rolling eyes and an original interpretation of the "shimmy," evidently with "make hay while the sun shines" as his slogan. A "Hen-pecked Husband" appeared, to vastly enjoy the society of these two famous sirens.

A vivacious Spanish lady made frantic efforts to lessen the lethargy of an anaemic ghost who flitted sadly through the throng, but did not inspire the same vim in her partner as that with which the British officer was seen to flit the fleet-footed Hiawatha in a rhythmic one-step.

Reversing the usual order, a gallant red-coat was led through the mazes of a fox-trot by his fascinating but somewhat overgrown school-girl admirer.

The gentle Martha Washington was seen in the arms of a gentleman from a different country each time the music changed.

There was but one niece of Aunt Jemima present, which doubtless accounted for the coolness between the "two ge'men from the South."

Inspired by the same curiosity which tantalized Eve, hands freely snatched the rosy apples which hung in clusters around the brightly-decorated room. Witches, cats and pumpkins perched in odd corners, and knobbly peanuts bulged from every crevice.

Among the multi-colored throng, the snowy uniforms of our Superintendent and her assistants, who honored the Class of 1925 by attending, stood out in strong relief. It also added to our pleasure to have present two members of the Board of Management.

The musical geniuses of 1925 gazooed their jazzy way into the hearts of the guests in a manner which made everyone declare them the success of the evening. The contributions by the Jazz Band were voted the most popular, and the merriest dances were those for which they made melody. Vocal selections, a recitation, tableaux, and a short skit completed the programme.

After an interval made short by several jolly dances, the revellers wended their way to the depths below, where pretty geisha girls served them with toothsome dainties. Those who felt that their digestions would

be unimpaired by gruesome revelations, adjourned to have their palms read by Madame Witch.

The mysteriously disguised British Officer and the Coal-Black Jazz Artist, in daily life known as Nurse Ashorne and Nurse Mitchell, were awarded prizes for the best costumes by popular vote. Dancing was continued until midnight, when, after singing Auld Lang Syne, the reluctant but happy crowd dispersed.

ESTHER E. LEWIS,
Montreal General Hospital.

SOON SHALL THE WINTER'S FOIL BE HERE

Soon shall the winter's foil be here:
Soon shall these icy ligatures unbend and melt—a little while,
And air, soil, wave, suffused shall be in softness, bloom and growth—
a thousand forms shall rise
From these dead clods and chills as from low burial graves,
Thine eyes, ears,—all thy best attributes—all that takes cognizance of
natural beauty,
Shall wake and fill. Thou shall perceive the simple shows
the delicate miracles of the earth
Dandelions, clover, the emerald grass, the early scents and flowers,
The arbutus under foot, the willows yellow-green,
the blossoming plum and cherry.
With these the robin, lark and thrush singing their songs, the flitting
blue-bird;
For such the scenes the annual play brings on.

—Walt Whitman.

UP, MY HEART, AND SING

The dark, dark night is gone,
The lark is on the wing,
From bleak and barren fields he soars,
Eternal hope to sing.

And shall I be less brave
Than you sweet lyric thing?
From deeps of failure and despair,
Up, my heart, and sing!
The dark, dark year is gone:
The red blood of the spring
Will quicken Nature's pulses soon,
So up, my heart, and sing!

—Ella Higginson

Hospitals and Nurses

QUEBEC

A scholarship of $500.00, to be given by the Registered Nurses' Association of the Province of Quebec, which will entitle the recipient to take any one of the three courses given by the School for Graduate Nurses of McGill University, is the announcement made by Miss Samuel, secretary of the association. The advertisement of this will be found in this issue.

Royal Victoria Hospital, Montreal

Died, on February 27th, 1923, at St. Bridget's Home, in the City of Montreal, Bridget Quinn. Ever since the opening of the Royal Victoria Hospital, until a few years ago, Bridget was a familiar figure in the Nurses' Home, rendering faithful and untiring services; but long years of steady work began to tell, and a much needed rest had to be taken. Faithful and willing, ever ready to lend a helping hand, always interested in the nurses, their pleasures and troubles, they never appealed to Bridget in vain. She disciplined them well in her own way, but keenly objected to others doing likewise. During the last year she has been gradually failing, but was able, until lately, to be up and attend the services of the church she loved so well. Pneumonia closed her long career. The funeral services took place from St. Patrick's Church on the morning of March 1st.

Sherbrooke

Miss Muriel Grant, R.N., graduate of Sherbrooke Hospital (class 1922), has taken charge of the operating rooms at the above hospital, while Miss Flora George, R.N., a member of the same class, has been appointed night supervisor of the hospital.

Mrs. Walter Brown Parker, of Portland, Maine, former Sherbrooke resident, and daughter of the late J. S. Mitchell, Esq., of Sherbrooke, has very generously presented the Sherbrooke Hospital with a most up-to-date X-ray equipment in memory of her father. The students at the hospital will in future receive training in this branch of work.

At the monthly meeting of the Sherbrooke Hospital A.A., Dr. H. Douglas Boyne gave an interesting talk on "Intrathoracic Surgery."

Jeffery Hales' Hospital, Quebec.

The pupil nurses held a successful masquerade dance and auction recently. The articles auctioned were donated by the nurses. Sufficient funds were realized to buy the entire set of "History of Nursing" slides.

Miss Edna May is Night Supervisor at Mount Lebanon Hospital, New York, and Miss Sarah Jamieson is Instructress in the same school.

Miss Daisy Binning is on the Public Health Nursing Service in the City School of Nursing, New York City.

Miss Isabelle Palmer and Miss Mary McCulloch have accepted positions as Ward Supervisors in the Herman Keffer Hospital, Detroit, Mich.

Miss Mabel McRae had been appointed Ward Supervisor at the Alexandra Hospital, Montreal, and been succeeded at the Jeffery Hales' Hospital by Miss Daisy Jackson.

Miss Marion Gardyne has accepted a position at Interpines, Goshen, N. Y.

Dr. Parmalee, secretary of the Department of Public Instruction, Quebec, addressed the Alumnae Association recently on "Parliamentary Procedure."

Miss M. Shaw and Miss F. Imrie attended the provincial meeting of registered nurses at Montreal in January.

Western Hospital, Montreal

Thirteen nurses formed the graduating class, which held its exercises on November 14th, 1922, in the Nurses' Home. The pins and diplomas were presented by Mrs. Newman, and, in addition, were each presented with ten dollars in gold from Mr. Newman and a corsage bouquet from Mrs. Newman. The

veledictory was given by Dr. Gurd. After the formal exercises were concluded, an informal dance closed the function in a most delightful manner.

Miss Mabel Reynar resigned her position as Matron of the Red Cross Lodge, Montreal, and is now engaged in private duty in New York.

Very sincere sympathy is extended to Miss Sarah Cameron on the death of her mother, and to Miss Edith Ross on the death of her sister.

* * * *

ONTARIO

Women's College Hospital, Toronto

Two members of the Women's College Hospital A.A. have found their field of work in far-off India. Previous to going, they are taking certain courses at hospitals in London, England.

Miss K. Turner is supervisor of Salvation Army Hospital, London, Ont.

Misses I. Chadwick and L. Ashcroft are taking post-graduate work in the Hospital for Infectious Diseases, Philadelphia, Pa.

Fort William

The Thunder Bay G.N.A. held their annual banquet in Fort William on March 1st, covers being laid for fifty members, and the guests of the evening, Dr. Manion, M.P., and Mrs. Manion. The former gave a brief address, speaking feelingly of the work of nurses at home and abroad, and especially those who served overseas. Mrs. W. McClure, president of the association, expressed the pleasure of the association in having Dr. and Mrs. Manion present with them. Mrs. J. W. Cook is the honorary president; Mrs. W. McClure, president, and Mrs. W. J. Stirrett, Port Arthur, corresponding secretary.

Toronto General Hospital

Misses Helen Key (1922) and Sylvia Osler (1922) have left for Haileybury, Ont., to take positions in the new Red Cross Hospital there.

St. Michael's Hospital, Toronto

Miss Cahill, president of the Alumnae, and Miss Clare Goodwin are spending the winter in Florida.

Miss Matilde Simoni, who has been for six years on the staff of the Public Health Department, Toronto, has been appointed by the American Red Cross to initiate public health nursing at Camp Gaillard, in the Canal Zone. Miss Simoni, a native of Italy, after educating at St. Joseph's Convent, took her professional training at St. Michael's. In addition to speaking Italian, she speaks English, French and Spanish fluently.

London

The monthly meeting of the Victoria Hospital A.A. this past month took the form of a business discussion, as the president, Miss Brenton, who was to have given an address, was unable to be present.

Miss Beatrice Smith was appointed delegate to the G. N. A. O. Convention to be held in Peterboro on April 5th, 6th and 7th, and questions which are to come up before the convention were discussed.

Sympathy with the family of Miss Long, who died recently in the hospital, was expressed, and a letter of condolence sent by the secretary. Regret was also expressed at the departure of Mrs. Seed, one of the active members, who is soon leaving town.

Toronto Western Hospital A. A.

Several Western Hospital graduates have left Toronto to accept positions—Miss Esther Cunningham to take charge of the operating room at Alhambra Hospital, Alhambra, Cal.; Miss Broadfoot is on the staff of the Red Cross at Haileybury, Ont.; Miss N. E. Jackson is district nurse at Vita, Man., and Miss Rebecca Bell was appointed assistant superintendent at the Port Hope Hospital.

Mrs. Squires and Miss Gardiner are on the welfare staff of the T. Eaton Co., Toronto.

The Alumnae Association was entertained at the home of Mrs. George Valentine on March 3rd.

KINGSTON

The Alumnae Association of the Kingston General Hospital held their monthly meeting on March 6th, with a good attendance. After routine business had been attended to, the members held an interesting discussion as to the preparations for the annual "Violet Day," held Easter Saturday.

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MANITOBA

BRANDON

In honor of Miss Jean Browne, R.N., president of the C.N.A.T.N., the members of the Brandon G.N.A. entertained at the Prince Edward Hotel on February 26th. Mrs. S. T. S. Pierce, president of the association, presided, there being thirty-two members present. During the dinner Mrs. Clement contributed some much-enjoyed vocal solos. Miss Browne addressed the nurses informally after dinner, speaking of the progress made toward the National Nurses' Memorial, of the newly-appointed executive secretary, and of the "Canadian Nurse" and its support. By special request Miss Browne also gave a brief account of some of her experiences while in England and France as the Red Cross Scholarship nurse representing Canada at the International Public Health Course at King's College, London. The tables were arranged in the form of a red cross. The singing of the National Anthem brought to a close a very pleasant evening.

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SASKATCHEWAN

SASKATOON

All plans for the annual convention of the Saskatchewan Registered Nurses' Association, to be held in Saskatoon on Thursday and Friday, April 6th and 7th, are well "under weigh." Through the courtesy of President Murray of Saskatchewan, the meetings will all be held in the University Buildings.

A most interesting programme has been arranged, including, as well as papers on purely nursing subjects, addresses on such subjects as "Tuberculosis," "Acute Pyelitis in Children," and "Insulin in the Treatment of Diabetes." The subject of the various forms of insurance will also be presented by a representative from the Saskatchewan Underwriters' Association.

The March meeting of the Saskatoon Graduate Nurses' Association was held in the Nurses' Home of the City Hospital, and a very large number of nurses were in attendance. Mrs. R. J. MacDonald, President of the Local Council of Women, addressed the nurses, and, in addition to giving the history and functions of the Local, Provincial and National Councils of Women, also presented to the nurses the aim and objects of the "Everywomen's Fund"—the campaign for $50,000 to aid tubercular mothers being promoted by the Provincial Council of Women and supported by each of its affiliated associations. The most hearty support of the nurses was assured.

* * * *

ALBERTA

EDMONTON

The meeting of the Edmonton G. N. A. was held on February 21st, with the vice-president, Miss Olive Ross, in the chair, in the absence of the president, Miss Brighty. An address was given by Dr. Collitt, of the university, on "Insulin, in the Treatment of Diabetes."

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BRITISH COLUMBIA

The examinations for R. N. certificates will be held May 2nd, 3rd and 4th, 1923, at the accredited schools of nursing having candidates.

VANCOUVER

The V. G. N. A. held their monthly meeting on March 7th, which took the form of a social and musical evening. Those contributing were Mrs. McIvor, Miss Leeson, and Miss Priscilla Smith, whose readings were much appreciated. In the "Book Contest," Miss Breeze was the most successful in guessing correct titles.

VANCOUVER GENERAL HOSPITAL

The efforts of the student nurses of the Vancouver General Hospital to help augment the funds of the National Nurses' Memorial Fund brought in the sum of $170.50, the result of a delightful entertainment and dance given by them in the auditorium of the university. A short musical programme and a playlet, "The Maker of Dreams," by three students, Misses Nora Armstrong, Annie McKenzie and Margaret Kerr, preceded the dance, which mas most enjoyed. Refreshments were also served, and fortune telling proved most fascinating to many.

At the February meeting of the Alumnae, after the routine business had been completed, the committee for the "Baby Layette Fund" was elected, and the sewing committee in connection with this committee will meet, until further notice, on the third Tuesday at 8 p.m. in the Nurses' Home. All members are welcome, and refreshments, with a social half-hour, will be the feature of each meeting. A card party will be held on March 6th in aid of the Sick Benefit and the Re-union funds. The re-union to be held this coming June promises to be of the greatest interest to all nurses. All graduates are urged to plan no holidays, leave, etc., so as to be present.

Miss Grace Watson, R. N., who has recently been on the staff of the Chilliwack Hospital, Chilliwack, B. C., has accepted an appointment as Assistant Night Superintendent at the Vancouver General Hospital.

NEW WESTMINSTER

Miss M. Ross, Royal Columbian Hospital, has accepted a position at the Laurel Beach Sanitarium, Seattle, Wash.

Miss M. Hughes (Royal Columbian Hospital, 1922), is doing general duty at the Ashcroft Hospital, Ashcroft, B. C.

The annual meeting of the New Westminster G. N. A. was held at the Royal Columbian Hospital on March 14th. Officers for the year were elected as follows: Miss K. Stott, R. N., president; Mrs. Storm, vice-president; Miss E. M. Chadborn, R. N., secretary-treasurer.

Miss MacAllister reported that $226.00 had been collected for the National Nurses' Memorial Fund during the year. Plans for the ensuing year were discussed.

BIRTHS

Barton—At Toronto, Ont., to Mr. and Mrs. Barton (Lottie Bell, Toronto Western Hospital, 1918), a son.

Craig—On October 21st, 1922, at the Jeffery Hales' Hospital, Quebec City, to Mr. and Mrs. M. K. Craig (Marjorie Woodley, Jeffery Hales' Hospital, Quebec City, 1915), a son.

Dale—On February 21st, to Mr. and Mrs. Percy Dale, Niagara Falls, Ont. (Constance Hunter, Toronto General Hospital, 1919), a daughter.

Duff—At the Misericordia Hospital, Winnipeg, Man., on January 14th, 1923, to Mr. and Mrs. R. A. Duff (Evelyn Caswell, St. Boniface Hospital, St. Boniface, 1918), a daughter.

Kerr—At Buffalo, N. Y., on February 2nd, 1923, to Mr. and Mrs. Charles H. Kerr (Bertha E. MacDonald, Montreal General Hospital, 1917), a son, McDonald.

Leroy—At the Misericordia Hospital, Winnipeg, Man., on February 6th, 1923, to Mr. and Mrs. Leroy (Bill Peters, St. Boniface Hospital, 1916, and C. A. M. C. nursing service), a son.

Mills—On March 8th, 1923, to Mr. and Mrs. Paul Mills (Clara Chisholm, Toronto General Hospital, 1919), a son, still-born.

Morison—To Mr. and Mrs. C. Keith Morison (Nursing Sister Beryl Moss, Montreal General Hospital, 1917), of Associated, Cal., a daughter, Dorothy Jean, on February 22nd, 1923.

Paille—At Winnipeg, Man., on February 10th, 1923, to Dr. and Mrs. G. Paille (Yvonne Gdelley, St. Boniface Hospital, 1918), a daughter.

Wood—At Toronto, Ont., to Dr. and Mrs. Wood (Miss Shortreed, Toronto Western Hospital, 1916), a daughter.

MARRIAGES

Anden-Wilson—On February 13th, 1923, at Sault Ste. Marie, Ont., Isobel Doreen Wilson (Toronto General Hospital, 1919), to Capt. Humphrey Anden.

Fyffe-Bunn—In Victoria, B. C., on March 7th, 1923, Lillian E. Bunn (Grey Nun's Hospital, Regina, Sask., 1916), to Mr. Douglas Fyffe, of Regina.

Gamsby-Starke—At Trinity Memorial Church, Montreal, by the Rev. F. A. Pratt, Deborah Berry Starke (Western Hospital, Montreal, 1915), to Cameron Le Breton Gamsby, of Ocala, Fla. They will reside in New York, N. Y.

Lockhart-Robinson—At Dorchester, N. B., on March 8th, Florence A. Lockhart (Royal Victoria Hospital, Montreal, 1919), to Mr. Philip W. K. Robertson, of Montreal.

Michie-Grigor—In Edmonton, Alberta, on March 3rd, by the Rev. Dr. D. C. McQueen, Miss Mary Gordon Grigor, R.N.R.R.C., late of New Zealand, to Mr. Charles Michie, M. M., of Cherhill, Alberta. Both Mr. and Mrs. Michie served overseas in the Great War.

Palmbom-Morgan—In Vancouver, B. C., on February 19th, 1923, Marion Morgan (Prince Rupert General Hospital, 1920), to Mr. Emil Harold Palmbom. They will reside in Surf Inlet, B. C.

Riddock-Bagshaw—On January 1st, 1923, at The Pas, Manitoba, Grace Selina Bagshaw (St. Boniface Hospital, St. Boniface, Man., 1922), to Mr. Thomas Riddock, both of The Pas, Man.

Smeaton-Buchan—At East Templeton, P. Q., on January 10th, 1923, by the Rev. H. Presque, Elizabeth Buchan (Western Hospital, Montreal, 1908), to Joseph L. Smeaton, of Montreal.

DEATHS

Cunningham—At Cooksville, Ont., on January 26th, 1923, Mary Hazel Cunningham, second daughter of Mr. and Mrs. J. Cunningham, of diabetes. Miss Cunningham was a graduate of St. Michael's Hospital, Toronto, Ont.

Long—In March, 1923, at Victoria Hospital, London, Ont., Jessie May, beloved daughter of James and Marian Long. Miss Long was a graduate of Victoria Hospital, London, Ont.

Smiley—At St. Lambert, on January 15th, 1923, Miss Carrie Smiley (Montreal Women's Hospital).

We know nothing well until a long time after we have learnt it.

JOUBERT.

MY WHITE-CAPPED NURSE

Day by day, with unconscious grace,
You come and go, my white-capped nurse:
As light your step, as bright your face
If woes or blessings I rehearse.

Strange to your kindred, far from home,
And meeting, with unquickened breath,
Man's final foe, you have become
Acquainted with the face of Death.

When, in the spacious void of night,
He came and paused beside my bed
Once and again, and seared my sight,
You held my hand until he fled.

Now, as I leave this sacred room
And you, I breathe a farewell prayer
That Heaven may bring you fadeless bloom
And I inhale the fragrance there.

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Lectures will be given on such important aspects of nursing education as: Administration in Schools of Nursing; Nutrition and Hospital Economy; The Curriculum; Elementary Principles of Teaching; Control of Communicable Disease.

Demonstrations will also be given in the city hospitals, and round-tables for discussion of nursing problems will be held.

Fees for whole Institute.....$10.00
" " one week only 6.00
" " single lecture course (ten lectures) 3.00
" " two such courses 5.00

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Mothers	2 months
Babies	2 months
Delivery Room	1 month
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"Canadian Nurse" Representative, Miss A. L. Burns, Moncton.

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Regular Meeting—First Tuesday in each month at 8 p.m.

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Press Representative—Miss Jean Campbell, 72 Hendrick Ave., Toronto, Ont.

Regular Meeting—First Monday of every month.

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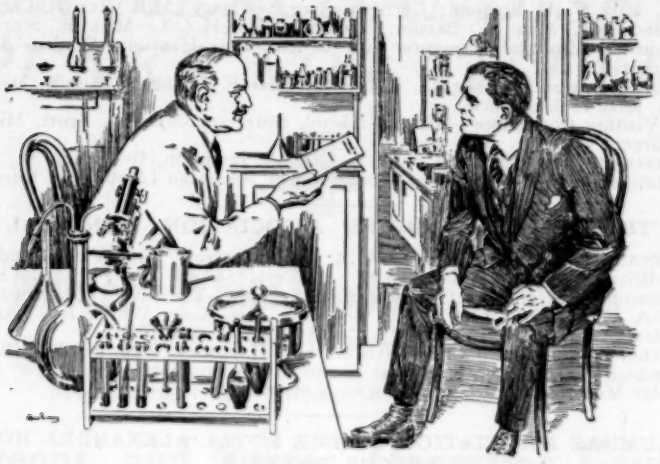

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Regular Meetings, First Friday of each month at 8 p.m.

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Meeting, Third Thursday at 8 p.m.

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Representative to Central Registry—Miss T. Gurry.

Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.

Regular Meeting—First Tuesday, 4 p.m.

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"Canadian Nurse" Correspondent—Miss R. Burnett, 25 Spadina Ave.

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Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey.

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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"Canadian Nurse" Representative—Miss May Anderson, 754 Bathurst St., Toronto.

Regular Meetings—First Friday of each month in assembly hall of hospital.

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Incorporated March, 1917

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